

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor Delphi Corporation	Case Number 05-44481	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Jose C. Alfaro and Martha Alfaro	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: Jose C. and Martha Alfaro c/o Don C. Staab, Attorney at Law 1301 Oak Street, Hays, KS 67601 Telephone number: 785-628-8517		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Personal Injury Lawsuit <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: May 21, 2003		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 1,500,000.00 (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>
6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date 7-25-06	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Jose C. Alfaro and Martha Alfaro	



fedEx Express **US Airbill**FedEx
Tracking
Number

8488 9436 6335

Form
ID No.

0215

Sender's Copy

From Please print and press hard.Date **7-28-06**Sender's FedEx
Account Number

1349-6441-3

Sender's Name **DON C STAAB**

Phone (785) 628-8517

Company **STAAB, DON C ATTY**Address **1301 OAK ST**

Dept./Floor/Suite/Room

City **HAYS**State **KS**ZIP **67601-3659****Your Internal Billing Reference**
First 24 characters will appear on invoice.**Jose Alfaro** TIONAL**To**Recipient's Name **United States Bankruptcy Court**Company **Southern District of New York
Delphi Corporation Claims**Recipient's Address **One Bowling Green, Room 534**

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Add

To request package be held at a specific FedEx location, print FedEx address here.

City **New York**State **NY**ZIP **10004-1408****Try online shipping at fedex.com**By using this Airbill you agree to the service conditions on the back of this Airbill
and in our current Service Guide, including terms that limit our liability.**Questions? Visit our Web site at fedex.com**
or call 1.800.GoFedEx 1.800.463.3339.

0290215173

4a Express Package Service**Packages up to 150 lbs.**
*To most locations☒ **FedEx Priority Overnight**
Next business morning*☐ **FedEx Standard Overnight**
Next business afternoon*☐ **FedEx First Overnight**
Earliest next business morning
delivery to select locations*☐ **FedEx 2Day**
Second business day*☐ **FedEx Express Saver**
Third business day*

FedEx Envelope rate not available. Minimum charge: One-pound rate

4b Express Freight Service**Packages over 150 lbs.**
To most locations☐ **FedEx 1Day Freight*
Next business day**☐ **FedEx 2Day Freight**
Second business day**☐ **FedEx 3Day Freight**
Third business day**

* Call for Confirmation:

5 Packaging

* Declared value limit \$500

☒ **FedEx Envelope***☐ **FedEx Pak***
Includes FedEx Small Pak,
FedEx Large Pak, and FedEx Sturdy Pak☐ **FedEx Box**☐ **FedEx Tube**☐ **Other****6 Special Handling**

Include FedEx address in Section 3.

☐ **SATURDAY Delivery**
Available ONLY for
FedEx Priority Overnight, FedEx 2Day,
FedEx 1Day Freight, and FedEx 2Day
Freight to select ZIP codes☐ **HOLD Weekday**
at FedEx Location
NOT Available for
FedEx First Overnight☐ **HOLD Saturday**
at FedEx Location
Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations

Does this shipment contain dangerous goods?

One box must be checked.

☐ **No**☐ **Yes**As per attached
Shipper's Declaration☐ **Yes**Shipper's Declaration
not required☐ **Dry Ice**
Dry Ice, 3, UN 1845

x kg

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging.

☐ **Cargo Aircraft Only****7 Payment** Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

☒ **Sender**
Acct. No. in Section
1 will be billed.☐ **Recipient**☐ **Third Party**☐ **Credit Card**☐ **Cash/Check**FedEx Acct. No.
Credit Card No.**1**Exp.
Date

Total Packages

Total Weight

Total Declared Value†

\$.00

†Our liability is limited to \$100 unless you declare a higher value. See back for details.

FedEx Use Only

8 Sign to Authorize Delivery Without a SignatureBy signing you authorize us to deliver this shipment without obtaining a signature
and agree to indemnify and hold us harmless from any resulting claims.

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Track Shipments

 Quick Help

Detailed Results

Tracking number	848894366335	Reference	JOSE ALFARO
Signed for by	J.WARE	Destination	NEW YORK CITY, NY
Ship date	Jul 28, 2006	Service type	Priority Overnight
Delivery date	Jul 31, 2006 9:07 AM		
Status	Delivered		

Date/Time	Activity	Location	Details
Jul 31, 2006	9:07 AM Delivered	NEW YORK CITY, NY	

Signature proof

Track more shipments

E-mail your detailed tracking results (optional)

Enter your name and e-mail address, submit up to three e-mail addresses, add your message (optional), and click **Submit**. If you include a message, you must enter your name and e-mail address in the fields provided.

Add personal message:

Your Name:

Your E-mail Address:

To E-mail Address(es):

Not available for non-English characters

☐ By selecting this check box and the Submit button, I agree to these [Terms and Conditions](#)

Submit